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		OF WILLIAM L. KI	JMA. P.C.	•		Cert	tificate of l	Mailing or Tran	smission	
P.O. Box 2855 Stafford, VA 22555-2855						I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile 11 to 15 to				
10/2	5/2004 WABDELR3 0000	transmin	transmitted to the USPTO (703) 746-4000, on the date indicated below.  George Wheeler, (Coepositors name)							
01 F	C:2501	685.00 OP	)			George While			(Signature)	
					Or Jober		- 19	2004	(Date)	
	APPLICATION NO.	FILING DATE	FIRST NAMED		INVENTOR	VENTOR		Y DOCKET NO.	CONFIRMATION NO.	
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	09/644,676 08/24/2000 XIBORONG PER  TITLE OF INVENTION: OVULATION-PERIOD-DETECTING REAGENTS AND THE U					· · · · · · · · · · · · · · · · · · ·				
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	Change of correspondence     CFR 1.363).      Change of corresponde     Address form PTO/SB/12	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a								
	O "Fee Address" indicati PTO/SB/47; Rev 03-02 ( Number is required.	on (or "Fee Address" indica or more recent) attached. Us	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.							
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
	Please check the appropriate	check the appropriate assignce category or categories (will not be printed on the patent); O individual D corporation or other private group entity O government								
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	Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 3—001/ (enclose an extra copy of this form).									
	5. Change in Entity Status (from status indicated above)  Q a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  Q b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).									
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•	(Authorized Signature)	Authorized Signature) Deorge Whele (Date) Or tology 19 200)								
,	this form and/or suggestion  Rox 1450. Alexandria, Virg	tion is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) iality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete ones for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. proging 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patent, P.O. Box 1450,								
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